## Foster Family Home - Corrective Action Report

Provider ID:

1-510059

Home Name:

Cherly Silao, CNA

Review ID:

1-510059-4

4107 Likini Street

Reviewer:

Honolulu

HI 96818

Begin Date:

8/10/2015

End Date:

8/10/2015

Foster Family Home

Required Certificate

[17-1454-6]

6.(d)(1)

Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 3 person recertification review made on 8/10/15.

Home is in compliance with all requirements. Home will receive a 2 year 3 bed certification.

Score Oscore Osc

Primary Care Giver

8

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Date

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